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ETON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

MINISTRY OF HEALTH

FOR THE YEAR 1962

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ETON RURAL DISTRICT COUNCIL.

Public Health and Cleansing Committee, January to May, 1962

Chairman :
Councillor J. R. V. Dutton

Vice-Chairman :
Councillor Mrs. D. W. Harris

Councillor T. Bartlett
,, Mrs. E. M. Coles
,, F. G. Croker
,, P. Davies (Chairman)
,, Mrs. C. L. Elliott
,, Mrs. G. Heaton
,, D. V. Johns
,, E. R. Neville
,, C. G. Page
,, J. H. Painter
,, Mrs. M. A. Phillips

Public Health and Cleansing Committee, May to December, 1962

Chairman :
Councillor J. R. V. Cutton

Vice-Chairman :
Councillor Mrs. E. M. Coles

Councillor F. G. Croker
,, Mrs. C. L. Elliott
,, Mrs. D. W. Harris
,, Mrs. G. Heaton
,, D. V. Johns
,, F. A. McCulloch
,, Mrs. M. Moir
,, E. R. Neville (Chairman)
,, C. G. Page
,, J. H. Painter
,, W. Parker
,, Mrs. M. A. Phillips

STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1962

Medical Officer of Health :
G. M. HOBBIN, B.COM., M.B., CH.B., D.P.H.

Chief Public Health Inspector :
A. H. V. MARSDEN, (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods

Deputy Chief Public Health Inspector :
S. PAPE (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods
R.S.H. Smoke Inspector's Certificate

Additional Public Health Inspectors :
N. F. COLLIER, (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods

K. A. CHESTER, (CERT. R.S.I.), M.A.P.H.I., M.R.I.P.H.H.
Cert. Inspector of Meat and Other Foods

P. E. PARBERY, (CERT. R.S.I.), M.A.P.H.I., A.M.I.P.H.E., A.R.S.H.
Cert. Inspector of Meat and Other Foods
R.S.H. Smoke Inspector's Certificate

Chief Clerk :
A. SHAW

Rodent Officer :
R. A. WARD (resigned 8th July, 1962)
W. E. GREGSON (appointed 9th July, 1962)

Senior Assistant :
H. W. FRY

Clerk to the Medical Officer of Health :
MISS E. M. SMITH

Shorthand-Typist :
MRS. C. E. PARSONS

Junior Clerk :
MRS. S. DELVE

ETON RURAL DISTRICT COUNCIL

OF THE

ANNUAL REPORT

MEDICAL OFFICER OF HEALTH

For the Year 1962

To the Chairman and Members of the Council :

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my annual report for the year 1962.

As in previous years the statistics relating to the district are set out in tabulated form and are self-explanatory. The Registrar General's mid year estimation of the population is 68,630 which represents an actual increase of 1790 on last year's figure, and is a very small increase in comparison with previous years. The natural increase (births minus deaths) is 665 which means that the increase by immigration is 1125. The total number of births for the year (1261) is an increase of 104, while the number of deaths increased by 68. The number of deaths of infants under one year of age (Infant Mortality) is 30 which is 7 more than last year and is I think rather a lapse having regard to the comparatively small increase in population this year. Once again there were no deaths due to maternity. This apparent lapse in infant mortality is interesting in that this district has suffered during the past year or two from a shortage of Health Visitors with the result that for a long time scarcely any home visiting has been carried out. Although I am not in any way responsible for the work of Health Visitors I feel I have the right to make this comment. The number of families has increased but there are fewer children in the average family today. The result of this is that the Health Visitor who finds any time to do home visiting now, has to visit several families to see the same number of children that might at one time have been seen at one or two visits. This combined with the fact that the depleted Health Visitor staff have to spend most of their time in attendance at Clinics means that little more than selective visiting can be carried out. Also, the type of advice sought by parents has undoubtedly changed, and now frequently includes problems relating to behaviour difficulties in young children and a complicated list of immunisation procedures, all of which take up much more time than matters of feeding and nutrition which once were the main subjects on which advice was sought.

Having diverted from statistics to fields of general public health interest I would appreciate the privilege of continuing a little further on this course, and looking at matters which may not always be described as events which have occurred in this district, as an awareness of the wider fields may very well assist us in our work of preventing the wrong sort of occurrences.

The importance of clean food (including milk) clean water, and clean air seems so obvious that one would think there was no need to mention it. We are fortunate in this district in having a reliable water supply and a liberal supply of fresh air compared with the air people have to breathe in certain industrial areas. The same however cannot always be said about food and there is no doubt that but for the constant systematic inspections carried out by officers of the health department disturbing conditions would soon arise. As it is, each notification of Food Poisoning is a matter of concern to us and a great deal of time must be spent investigating the cause. I have always found that the study of national figures is a great help in assessing the standards being maintained in our own district. I have therefore glanced at the figures for England and Wales for the year 1961, and was immediately struck by a fact which I had almost forgotten, viz. that the mortality from Food Poisoning is by no means negligible. During the year it accounted for 22 deaths throughout the country while Diphtheria, which at one time was one of the greatest killers with which we had to contend, accounted for only 10 deaths. The real danger arises not so much from the effects of the bacteria themselves but from the toxins which they produce and in both cases mentioned above it is the toxin that kills. A knowledge of the vehicles of infection, i.e. the substances most favourable to bacteria of different types for their growth and transmission assists us in our investigations. For example we know that processed meats, trifles, custards, cream buns, etc., all are excellent media for certain types of bacteria. Hence the value of collecting specimens of foods usually incriminated and finding the causal organism as this gives us the link between the patient and the particular food commodity, and thus enables us very often to trace the original source of infection. Food poisoning is a preventable disease and I feel I cannot too often repeat what I have said before about this, viz. that it is due initially to lack of personal hygiene and insufficient attention to hygienic methods in the preparation and handling of food. But for such carelessness the meats, trifles etc., would not become infected. We are dealing with human beings however, and can we ever hope to teach all of them to remember all the time?

It is only natural perhaps that I should be interested in the quality of our water supply. Nearly a quarter of a century has passed since I joined the staff of the health department in Croydon as a young Assistant Medical Officer just after the well known epidemic of water-borne typhoid fever had died out and that was the last major outbreak in this country. I still remember the alertness of the staff at the very mention of the word "water". The steps which were taken following that outbreak by the Ministry of Health in their publication in 1939 entitled "Memorandum on Safeguards to be Adopted in Day-to-Day Administration of Water Undertakings" remain as our principal guidance on these matters today. The ingestion of fluorides in water and the effect on children's teeth is a topic which is very much in the news at present. Recent results in this country of the beneficial effects of fluoridation of water supplies is in agreement with American experience in that the reinforcement of the fluoride content of a local water supply reduces the incidence of dental caries. Ministry of Health Circular 28/62 states that the Minister is now ready to approve under Section 28 of the National Health Service Act 1946 the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in natural fluoride. The technical aspects of the arrangements must have the prior approval of the Minister of Housing and Local Government. The Minister takes the view that water undertakers have at present got power to add fluoride but in the event of Court proceedings he will indemnify both the water undertakers and the local authority. Many people are opposed to the addition of fluoride to water supplies but I think it should be borne in mind that there are wide variations in the content of natural waters and that research workers have consistently failed despite continuous vigilance to find any evidence of harm from fluoridation. The recommended level to meet all human requirements is 1 part per million. The only adverse effect of fluoride in water is a mottled appearance of teeth which however remain healthy and sound even when the content is as high as 5.8 parts per million, which figure is found naturally in a district in Essex. There is some evidence that slight brown staining of teeth occurs above the level of 2.5 parts per million. The parts of the Eton Rural District adjacent to the Borough of Slough, and which are supplied by Slough Corporation Water Undertaking have a natural fluoride content of 0.6 parts per million which is the highest figure in the County of Bucks. Other parts of the district supplied by the Rickmansworth and Uxbridge Valley Water Company have a content of 0.24 parts per million which is the second highest natural content in the county. I think we need have no fears about the lack of fluoride in our water supply which compares very favourably with supplies elsewhere but in any case the Ministry of Health Circular 28/62 is addressed to Local Health Authorities and Water Undertakers for any action they may wish to take and this authority is not in either of these categories. As regards my reference above to the quality of water supplies I think it is worth pointing out that the description "pure and wholesome" as applied to water might be regarded as misleading. There is no such thing in nature as pure water, the only pure water being distilled water and anyone who has tasted distilled water would understand why it is undrinkable. "Wholesome" means "not injurious to health" or in other words free from pathogenic organisms or toxic substances. A water which was contaminated by sewage might by treatment be rendered "wholesome" but still contain organic matter or human excrement suspended in great dilution. Such a water might be opalescent in appearance. A satisfactory water should be free from taste and odour and bright in appearance as well as being safe and free from suspended matter.

During the year we have been aware of steps being taken to amalgamate water undertakers in the area. For some years the Ministry of Housing and Local Government have been encouraging the grouping of small undertakers and it is believed this will be advantageous by increasing efficiency. Once again, not being undertakers we are just interested observers, but I trust we may be consulted.

As regards clean air it may be too early yet to make final statements but I believe we have no great problem on our hands. Although parts of our district adjacent to the town of Slough may suffer from their proximity to the built-up area, I am sure our district as a whole would compare favourably with similar districts elsewhere and we are in no respect comparable to the black areas in other parts of the country. A full investigation is in the process of being carried out. It is interesting to know that attempts have been made to control the amount of black smoke emitted by vehicles with diesel engines. The problem however is a difficult one because it is scientifically difficult to invent a device to measure the smoke emitted and pending the invention of such a device reliance has to be placed on spot checks for vehicles causing a nuisance.

Although I have indicated that the state of our atmosphere in this district is not likely to cause alarm I have no wish to minimise the dangers of atmospheric pollution even if the degree is relatively small. The ill effects of a foul atmosphere on people who suffer from chest complaints is indisputable and we all know also the extent to which people in this country suffer from bronchitis, both acute and chronic. It has rightly been called the "English Disease" as the mortality from chronic bronchitis in Great Britain is by far the highest in the world. Statistics show that the disease is the second commonest seen by doctors, the fourth in the list of the causes of death (nationally) and provides by far the highest attendance rates at the surgeries of doctors in practice. Anything we can do therefore to improve such conditions even in a comparatively healthy district such as this is well worth while. We have a duty to continue our investigations of the atmospheric pollution in the district and take such measures as appear appropriate. Before leaving the subject of air pollution, I should like to recall that I seldom miss the opportunity of making some references to radioactivity. The subject is still topical at all seasons of the year. On more than one occasion during the year we have been consulted by business concerns about the use of radioactive processes in connection with their work, usually research laboratories. We are concerned of course in case any danger should arise from the disposal of waste materials within our district. Most people have heard of "fall-out" from the explosion of nuclear devices and the dangers of radiation from this source, but the majority of people are probably not aware of the many other sources the most important of which is probably the natural background radiation from rocks, cosmic rays and certain other internal sources to which every one in the world is exposed to greater or lesser degree. This natural background radiation accounts for about four or five times as much exposure of the individual as does man made radiation from all sources and yet the human race does not appear to have suffered any ill effect. Radiation hazards might be divided into two main groups ; background and man-made. No human agency can do anything about background radiation so we are left to think about man-made radiation, the sources of which are firstly diagnostic and curative radiology and secondly radioactive fall-out. The first of these is in the hands of skilled people and well controlled, while the second is an international problem and outside the scope of local authority administration. As Medical Officer of Health I have no defined duties in the legislation dealing with radioactive substances but from time to time members of the public and their duly elected representatives turn to the health department for elucidation of their perplexities on various matters including this subject. Although specific responsibility in this case is not defined every Medical Officer of Health has a duty to (and here I quote), "safeguard the health of the area for which he acts by such means as are at his disposal and to advise his Authority how knowledge of public health and preventative medicine can be made available and utilized for the benefit of the Community". These words are from the Ministry of Health's memorandum entitled "The Duties of the Medical Officer of Health" and published in 1925. They are obviously just as applicable today as at the time they were written.

Some sources of man made radiation such as that arising from the use of radioisotopes in radiochemical and pharmaceutical laboratories have little potency and as health officers we are concerned only in safeguarding against risks which might arise from the disposal of waste materials. I have already advised that great caution should be exercised in accepting requests for the disposal in our refuse tips of radioactive wastes (even of very limited potency) where the day to day supervision and recording by scientifically competent persons will be almost non-existent. When the Radioactive Substances Act 1960 becomes effective (December, 1963) persons using radioactive materials must be registered with the Ministry of Housing and Local Government and the Local Authority in whose area the premises are situated will have a copy of the certificate. Also authority for the disposal of radioactive waste will have to be obtained from the Ministry of Housing and the Ministry of Agriculture. These Ministries will consult the Local Authority concerned.

During the year a number of requests have been received from householders complaining about congested and unsatisfactory conditions and asking firstly for inspections to be made and secondly for my support in their applications for rehousing. Strangely enough most of the correspondence has come from either tenants or other occupants of new houses, in fact from families who have been rehoused in the new L.C.C. estate. These conditions have often arisen through the actions of the people themselves and not through any fault of the original housing authority or this local authority. Apart from the fact that the size of any family may increase by natural processes and more accommodation be required it has been found that tenants may take in relatives or a whole additional family. The additional family may in fact have been on the waiting list for rehousing without much hope of success for some considerable time but not with this authority. The position described is only one of a variety of human complications in relation to the housing problem and the conditions arising cannot be condoned by any of the authorities concerned either from the environmental or the housing point of view but these people must find accommodation. The acute shortage of housing accommodation is the cause and more houses is the only solution. As the families of new immigrants who have come to this district grow up and get married the problem with which this authority is going to be faced will become much more acute. In my opinion there is evidence already of inadequate provision to meet the ultimate situation and I do not say this in any way as a criticism of this authority whose good reputation in matters of housing is outstanding, but these problems appear to be arising from procedures beyond the control of the authority. In particular I refer to restrictions which prevent the authority from building in accordance with the special needs arising from the establishment of a large new estate in the district. The whole subject is of great importance, as good and adequate housing is so closely associated with good health and civilized standards of living that no health officer can ignore the deficiencies and congestion which so many members of the community are obliged to accept. People who have been on the waiting list for rehousing for very long periods and are unable to establish homes by other means because of the exorbitant and unrealistic price of properties in this district, are at a loss to understand why this great mystery of housing shortage cannot be solved and why now, seventeen years after the end of the war, we appear from their point of view to have failed to fulfil the promise of "a home for everyone". Even a good explanation will not satisfy when there is no promise or no hope of rehousing. Delivering a short lecture on the subject of how the housing shortage has arisen from 1801 onwards is no consolation to the disappointed applicant. A side effect of the lack of housing has been the boom in caravan dwelling. Caravans can only be regarded as thoroughly unsatisfactory housing accommodation when they are used as permanent dwellings. Certain persons, for example construction engineers, move so often that a caravan is the only practical solution to their difficulties, but in other cases caravans merely add to the substandard accommodation in the area. Our efforts to reduce the numbers of caravans in the district have had considerable success but our objective should be to have none at all. To accept caravans as a permanent form of dwelling for any class of human being is equivalent to accepting our slum dwellings with a resolution to do nothing about slum clearance. The creation of more elaborate caravan sites with certain standards of amenities which can now be legally enforced is only a very expensive palliative measure which temporarily excuses us for our inability to cope with our housing problems, and the French would probably remind us that "qui s'excuse, s'accuse". My comments on this subject do not refer to the nomads, who are in a class by themselves and would generally not wish to live in houses if given the opportunity. I am sure that most reasonable people would agree that any land which might be available for new caravan sites would be much better used for building houses, and that our energies should be directed towards wiping out both the house-waiting list and all moveable dwellings. I have travelled around this district a great number of times and have seen our houses in the process of being built and I have seen them after completion. The houses we build will stand comparison with those in any other district and our slum clearance programme has already dealt with many of our major problems. Both bad standards of housing and inadequate housing can exacerbate illness and make the life of an ill person more of a burden than need be, and this cannot be ignored at a time when the importance of mental ill health and its prevention are being at long last recognised. As mentioned, there is nothing wrong with the quality of our housing but we must have the opportunity now to go ahead because this is no less important than the building of new establishments for the practice of curative medicine.

The subject of curative medicine reminds me that a new general hospital is at present being built in our district. This is very welcome as a great improvement in the existing facilities is anticipated. There has been need for more beds for certain types of patients, e.g. the chronic sick, and the establishment of beds for the treatment of mental illness marks a definite advance. The Hospital Plan for England and Wales is necessarily very brief in the information it gives for any Management Committee area and it is therefore rather difficult to assess whether the balance between the different types of bed to be available is what this particular local authority district would desire, but the hospital of course will serve several districts in more than one county. Among other matters it is indicated that the Maidenhead Isolation Hospital which at present takes most of the infectious cases from this district requiring hospital treatment is scheduled to be closed. There is no indication as to what arrangements if any are being made for the hospital treatment of infectious diseases at the new hospital or elsewhere. As the Canadian Red Cross Memorial Hospital at Taplow is due to be closed eventually it is assumed that the tuberculous patients at present accommodated there will be transferred to the new hospital, in which case it would be interesting to know whether these patients and other notifiable infectious diseases will be accommodated and nursed separately and how many beds are to be allocated for each. I think it is questionable whether an increase of 21 acute beds is adequate for an estimated increase of 80,000 in population, and from my experience of the difficulties practitioners have in getting chronic sick patients into hospital I had envisaged that more geriatric beds would be required.

From time to time I have been consulted by members of the public or members of the Council about aged and infirm persons living alone and incapable of managing. In most cases the purpose of the approach has been to ascertain whether the person can be removed to a hospital or institution where care can be provided. In other cases the enquiries have been for elucidation of the domiciliary care and after care services available through the health services. The latter are provided by the County Council through their Care Committee which can give assistance from statutory and voluntary funds, also periods of convalescence or holidays can be arranged, and remedial occupational therapy is available to suitable persons who can benefit. Permanent accommodation of an institutional type for the aged who require care and attention and cannot live alone or with relatives is provided by the County Council in Upton Hospital in Part III accommodation. The only aspect which might concern this authority is where a person is found to be living in insanitary conditions and a state of neglect, by reason of age, infirmity, or ill health or lack of help from other people, in which case removal to a suitable hospital or institution is possible by the operation of Section 47 of the National Assistance Act 1948 provided accommodation is available and the person is unwilling otherwise to be removed. The procedure is far from simple and from my personal experience I regard it as an unsatisfactory piece of legislation. At one time we had in this district a number of people who were known to have been living in such conditions for a considerable time and at that time there was little alternative to having them removed and often for the shack or dwelling to be demolished. However with more intensive house inspections, slum clearance, better domiciliary and welfare facilities, both the type of person and the conditions in which we were accustomed to find them seem to have disappeared. To find such a case now is rather a curiosity. The aim is to make arrangements to enable these people to stay at home, and in any case it is well to remember that they live longer in their own surroundings with a degree of discomfort and lack of hygiene than they do in a clean institution.

Insecurity, loneliness and loss of liberty are probably the features of life most dreaded by old people. True perhaps, that legislation can solve insecurity, but it seems to me that the solution for the latter must be found elsewhere. One way of achieving this is undoubtedly through the good offices of the voluntary visiting services of the old people's welfare committees. Visiting of old people may well be regarded as the backbone of the voluntary services. The Home Help service also provides a comprehensive type of social service and many old people who live alone either by choice or by circumstance greatly value the companionship of the Home Help during part of the day. This is something which cannot be equated on the balance sheet against the cost of the service. Health is of course a very decisive factor in determining whether an aged person can continue to manage alone and many who do are apt to disregard or for various reasons neglect the state of their nutrition and fail to have regular and adequate meals. The Mobile Meals service is of great value in such cases and contributes much towards maintaining and prolonging their independence. I think the service is one which might be usefully extended either to individual cases or by the formation of lunch clubs where several old people live within easy reach of a suitable central point such as a Church Hall or Village Hall.

Finally I would like to know what exactly is meant by "old". I know it has little to do with the recognised age of retirement. I have heard of attempts to define it, such as "anyone who is ten years older than oneself", but I think that old age probably begins when a person becomes quite indifferent and insensitive to life.

I make no apologies for introducing once again the subject of smoking and health, which is not particularly popular with adults who like smoking. They usually prefer to bury their heads in the sand like ostriches and not be reminded of the dangers. In the light of proven facts they have guilty consciences and try to justify their addiction by the defensive attitude that "nothing will happen to me, I have smoked all my life and never even had a cough". There is a chance of course that they will be right but on the other hand there is a very big chance that they are going to be wrong. Unfortunately with the appearance of the earliest signs which go to show that they are one of the number who were wrong it is too late, the damage is done and there is no treatment to cure. There is a frightful and ever-growing death-roll from lung cancer and bronchitis nationally (for which smoking is a major cause) and the matter should be treated with the same concern and urgency as the much smaller toll of the road. The National Society of Non-Smokers has done very good work in the interests of public health and health education. They have called for a ban on automatic cigarette machines, the control of tobacco advertising ; the withdrawal of licences from shopkeepers selling cigarettes to children ; a ban on smoking in hospitals, Government offices, cinemas, theatres, public transport, public cafes and restaurants ; the cancellation of the cheap issue of cigarettes to the Forces, and the removal of tobacco from the cost of living index. I should like to add that it might also be banned from Local Government offices. It was pointed out in addition that although the tobacco manufacturers were called upon to realize that the merchandise they were selling was "in its present form dangerous, and taken to any degree of excess potentially lethal", yet it was still freely and widely advertised and it was the Ministry of Health's warning posters which were removed from hoardings. By law, cigarettes cannot be sold to children, but they can of course obtain as many as they like from automatic machines. These machines make nonsense of the licensing laws and should be banned at once.

During the autumn I arranged for a film on the dangers of smoking to be shown in the Council Chamber for the benefit of members. A large audience was not expected as the Council Chamber had to be free for a meeting later that afternoon and the showing was rather early for some members to attend. Those who were present were keenly interested and understood that the objective of our teaching was not to convert confirmed adult smokers who had no wish to be converted but to educate and protect young people who had not yet formed the smoking habit and ensure a different standard of health for generations of the future. Arrangements have been made with the Central Council for Health Education for their mobile unit to visit chosen schools in this district as part of their National campaign on smoking and health.

The scheme for immunisation and vaccination has been continued with only a minor variation. The position now with regard to vaccination against Smallpox is that the Standing Medical Advisory Committee of the Ministry of Health has reviewed the subject in the light of recent criticism and has advised that routine vaccination in the first two years of life should be continued but that the offer of vaccination should preferably be made during the second year of life instead of at four to five months old as at present. The criticism to which I refer is a suggestion which has been made that routine infant vaccination should cease and that reliance should be placed on outbreak control measures to prevent the spread of of infection from an importation of smallpox. Outbreak control measures comprise the ascertainment and isolation of cases of smallpox, the identification, vaccination and surveillance of contacts, and the disinfection of contaminated premises and articles. These measures have met with considerable success in this country but we have been greatly assisted by the fact that the population is partly protected by vaccination. It is an extremely difficult disease to control once established, and without vaccination the outbreak control measures would not prove effective. During the early part of 1962 we had sufficient evidence of the reactions of the populations in this district when an outbreak was known to exist quite a long distance from here. Apart from the rush by so many to be vaccinated or re-vaccinated we found in this office that the number of International Certificates of Vaccination which we stamp and authenticate rose from 63 during one quarter to 829 during the next quarter. In addition to Smallpox vaccination immunisation in childhood is offered against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus for the younger age groups and B.C.G. vaccination against Tuberculosis for those schoolchildren between 12 and 15 years of age and young persons at Colleges. A schedule of vaccination and immunisation giving more precise details is included in the pages of the report for reference together with statistics of the work carried out in the district.

I think the subject of noise and its adverse effects on health are of sufficient importance to be mentioned in this report. It is only during recent years that the significance of noise in relation to health has been appreciated, but it is now realised that being tired or listless does not necessarily mean that your body is short of vitamins or some particular chemical or that you are having insufficient food but it may mean simply that you need a break from noise and its energy-sapping powers which can shatter nerves and greatly reduce one's vitality and output. As far back as 1928 investigations were carried out which showed that one per cent of the population were rendered ineffective because of noise. Presumably it is no quieter today than it was in 1928 so perhaps the subject merits a little more thought from the point of view of national output as well as national health. It has already become compulsory for cars of a certain age to pass a test for brakes, steering and lights, but why not for noise also ? Motor-cyclists of a certain class are undoubtedly among the greatest offenders in this respect, and not only do they take a delight in making as loud a noise as possible but their machines are especially designed or converted to do so.

Apart from those at home or at their places of work or in the street who have to suffer from this form of torture there are more specific instances which may apply only to certain individuals, e.g. hospital patients. A little more thought and a little more care could do so much in this particular sphere. Noises in hospital may of course be due largely to unsuitable structure or material of the building and its contents, but a long list of sources of noise in hospitals could be drawn up, due to carelessness of staff (I think mainly domestic) and often to workmen who appear to be everlastingly at hospitals carrying out repairs of some description. The latter of course have no thought at all for the patients. Almost every type of hospital worker could help in some way to reduce noises, e.g. the dragging of furniture, the whining and thudding of electric polishers, the clatter of dishes, slamming of doors and as bad as any, the chatter of voices. Let us not forget also the endless reverberating voice on the loudspeakers of the internal communication system; surely something better could be devised.

Returning to the outside world, some remedy against noise may I understand be found in the Noise Abatement Act 1960 which came into operation in November of that year. This enables local authorities to serve an abatement notice on persons causing the nuisance or on the owner or occupier of the premises on which it arises, and this can be enforced. Three or more persons can themselves complain to a Magistrate who will issue a Summons. Unfortunately the Civil Aviation Act 1947 forbids action against owners of noisy aircraft, and in the course of my experience I have come across a factory which continues to make as much noise as it finds necessary because it has had "established user rights" to do so under planning legislation since 1947. In the latter case it appears that everybody is defeated.

Three years ago I reported that it was satisfactory to know that the administration of our department had been thoroughly examined and streamlined and that nothing more in this respect should be required for some time. This statement could very well be repeated today but at the moment we are trying purely experimentally to see how we can manage with only a part-time clerk in replacement of the junior clerk/typist who resigned. This I might say is an experiment in economy and it would naturally have to be curtailed if we were convinced that inefficiencies were arising from this further depletion. It will be recalled that when I reported three years ago I pointed out that an economy in staff would be effected by not replacing the Rodent Officer who was then retiring and that the duties would be transferred to a general assistant already on the staff. This reduction still operates but the general assistant who at that time took up the rodent duties has since resigned and been replaced.

My thanks are due once again to all Members who have so willingly supported the efforts of the public health department and to the staff who have never failed to rise to the occasion when extra work had to be done.

I am,

Your obedient Servant,

G. M. Hobbin,

Medical Officer of Health

SECTION I

GENERAL STATISTICS

Area (Land and Inland Water)	35,537 acres.
Number of inhabited houses	19,045
Rateable value at 1.4.62	£1, 265,471
Product of Penny Rate 1961/62	£5,209
Population (Registrar General's estimate for mid-year 1962)	68,630

VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*
Legitimate	608	580	1,188
Illegitimate	40	33	73
	648	613	1,261

Live Birth Rate per 1,000 population	18.4
National Rate	18.0
Comparability Factor	0.86
Illegitimate live births per cent of total live births	5.8

Still Births	*Male*	*Female*	*Total*
Legitimate	12	4	16
Illegitimate	–	–	–
	12	4	16

Still Birth Rate per 1,000 total births	12.53
Still Birth Rate per 1,000 population	0.23
National Rate per 1,000 total births	18.1
Total live and still births	1,277

Infant Mortality (Deaths of Infants under 1 year of age)

	Male	*Female*	*Total*
Legitimate	21	8	29
Illegitimate	1	–	1
	22	8	30

Infant Mortality Rate per 1,000 live births	23.8
Legitimate infant deaths per 1,000 legitimate live births	24.41
Illegitimate infant deaths per 1,000 illegitimate live births	13.69
National Rate	21.4

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

	Male	*Female*	*Total*
Legitimate	17	5	22
Illegitimate	–	–	–
	17	5	22

Neo-Natal Mortality Rate per 1,000 live births 17.4

Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Male	*Female*	*Total*
Legitimate	13	3	16
Illegitimate	–	–	–
	13	3	16

Early Neo-Natal Mortality Rate per 1,000 live births 12.69

Peri-Natal Rate Mortality (Stillbirths and deaths under 1 week)

Number of stillbirths and deaths	32
Peri-Natal Mortality Rate per 1,000 total live and still births	25.06

Maternal Mortality

Total from all causes (Including abortion) ..	Nil
Death Rate per 1,000 live and still births ..	Nil
National Rate	0.35

Deaths	*Male*	*Female*	*Total*
Number of deaths	317	279	596
Crude death rate per 1,000 population			8.7
Corrected Death Rate—allowing for sex and age (Comparability Factor=1.28)			11.14
National Rate			11.9
Ratio of Corrected Death Rate to National ..			1.07

CAUSES OF DEATH in the Eton Rural District during 1962

		Male	*Female*	*Total*
1.	Tuberculosis, respiratory	3	–	3
2.	Tuberculosis, other	–	–	–
3.	Syphilitic Disease	1	–	1
4.	Diphtheria	–	–	–
5.	Whooping Cough	–	–	–
6.	Meningococcal Infections	–	1	1
7.	Acute Poliomyelitis	–	–	–
8.	Measles	–	–	–
9.	Other infective and parasitic diseases ..	–	–	–
10.	Malignant neoplasm, stomach ..	12	6	18
11.	Malignant neoplasm, bronchus ..	23	3	26
12.	Malignant neoplasm, breast	1	11	12
13.	Malignant neoplasm, uterus	–	14	14
14.	Other malignant and lymphatic neoplasm	28	29	57
15.	Leukaemia, Aleukaemia	4	1	5
16.	Diabetes	–	3	3
17.	Vascular lesions of nervous system ..	27	40	67
18.	Coronary disease, angina	73	47	120
19.	Hypertension with heart disease ..	5	7	12
20.	Other heart disease	26	43	69
21.	Other circulatory disease	11	8	19
22.	Influenza	1	2	3
23.	Pneumonia	20	14	34
24.	Bronchitis	20	7	27
25.	Other diseases of respiratory system ..	2	1	3
26.	Ulcer of stomach and duodenum ..	4	2	6
27.	Gastritis, enteritis and diarrhoea ..	2	2	4
28.	Nephritis and nephrosis	1	1	2
29.	Hyperplasia of prostate..	4	–	4
30.	Pregnancy, childbirth, abortion ..	–	–	–
31.	Congenital malformations	4	4	8
32.	Other defined and ill-defined diseases..	23	18	41
33.	Motor vehicle accidents	10	6	16
34.	All other accidents	7	3	10
35.	Suicide	5	5	10
36.	Homicide and operations of war ..	–	1	1
	All Causes : Totals :	317	279	596

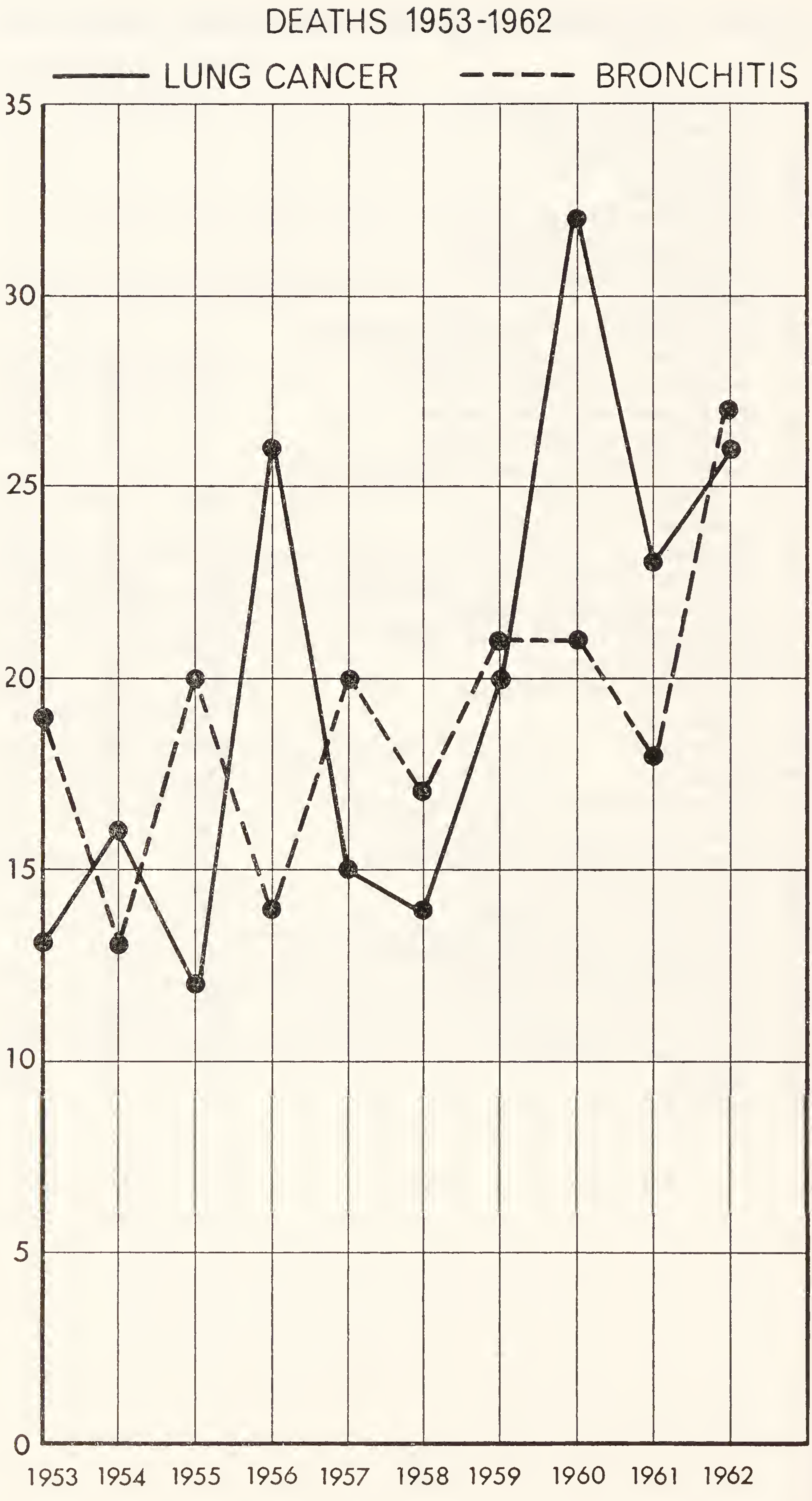

DEATHS 1953-1962
LUNG CANCER
BRONCHITIS
35
30
25
20
15
10
5
0
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962

TABLE 1

Deaths and Death Rates per 1,000 Population from Principal Causes 1958-1962

Disease	1958		1959		1960		1961		1962	
	No. of Deaths	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*
T.B. Respiratory	3	0.05	5	0.08	3	0.05	2	0.03	3	0.04
Malignant diseases of all types	87	1.53	100	1.64	127	1.98	125	1.87	127	1.76
Diseases of the heart, all types	165	2.88	143	2.35	180	2.81	190	2.84	220	3.25
Pneumonia	25	0.43	18	0.30	30	0.48	21	0.31	34	0.49
Bronchitis	17	0.30	21	0.34	21	0.33	18	0.27	27	0.38
Suicide	5	0.08	9	0.15	2	0.03	4	0.05	10	0.14
Diabetes	3	0.05	1	0.06	5	0.05	—	—	3	0.04
Vascular lesions of the nervous system ...	64	1.12	62	1.02	63	0.99	75	1.09	67	0.98

TABLE II

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1952-1962

Year	*Birth Rates per 1,000 Population*		*Death Rates per 1.000 Population*		*Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births*	
	Eton Rural District	*England and Wales*	*Eton Rural District*	*England and Wales*	*Eton Rural District*	*England and Wales*
1952	14.5 (640)	15.3	10.2 (450)	11.3	28.1 (18)	27.6
1953	15.8 (698)	15.5	9.4 (414)	11.4	33.0 (23)	26.8
1954	16.8 (732)	15.2	8.9 (405)	11.3	27.2 (20)	25.5
1955	16.2 (769)	15.0	9.24 (436)	11.7	26.0 (20)	24.0
1956	18.5 (931)	15.7	8.6 (435)	11.7	22.6 (21)	23.8
1957	18.6 (996)	16.1	9.4 (502)	11.5	25.1 (25)	23.0
1958	17.6 (1009)	16.4	8.5 (485)	11.7	15.9 (16)	22.5
1959	19.5 (1189)	16.5	8.1 (491)	11.6	24.4 (29)	22.0
1960	18.5 (1186)	17.1	8.5 (546)	11.5	22.8 (27)	21.7
1961	17.3 (1157)	17.4	7.9 (528)	12.0	19.0 (22)	21.4
1962	18.4 (1261)	18.0	8.7 (596)	11.9	23.8 (30)	21.4

NOTE : The actual numbers are given in parenthesis for the purpose of clearer comparison.

TABLE III

Causes of Death of all Infants under 1 year of age at Death, and analysis of age at Death

(From local returns before correction to place of residence)

Cause	0–1 *day*	1–7 *days*	1–4 *weeks*	*Total under 4 weeks*	*4 weeks– 3 months*	*3–6 months*	*6–9 months*	*9–12 months*	*Total under 1 year*
Pneumonia	–	–	1	1	2	–	1	–	4
Congenital Malformation	2	3	3	8	–	–	–	–	8
Prematurity	5	2	–	7	–	–	–	–	7
Other Developmental Conditions ...	–	–	1	1	1	–	–	–	2
All other causes	3	2	–	5	–	–	1	2	8
Totals :	10	7	5	22	3	–	2	2	29

SECTION II

TUBERCULOSIS—TABLE IV

Age Periods	*New Cases and Hospital Admissions*								
	Pulmonary			*Non-Pulmonary*				*Number Admitted to Hospital*	
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	*Combined Totals*	*New Cases*	*Previously Notified*
0—1	–	–	–	–	–	–	–	–	–
1—5	–	–	–	–	–	–	–	–	–
5—15	1	–	1	–	–	–	1	–	–
15—25	1	1	2	1	1	2	4	2	2
25—35	3	2	5	–	–	–	5	1	–
35—45	2	1	3	–	–	–	3	1	2
45—55	4	–	4	–	–	–	4	1	–
55—65	2	–	2	–	–	–	2	–	1
65 and over ...	–	–	–	–	–	–	–	–	–
Totals : ...	13	4	17	1	1	2	19	5	5

NOTIFICATION REGISTER—TABLE V

	Pulmonary			*Non-Pulmonary*			*Combined Totals*
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	
Number on Register at 1st January, 1962	472	421	893	92	80	172	1,065
Number entered by Primary Notification	13	4	17	1	1	2	19
Number entered other than by Primary Notification...	14	15	29	1	1	2	31
Number removed from register due to :—							
(*a*) Death	3	–	3	–	–	–	3
(*b*) Removal from District	10	4	14	–	–	–	14
(*c*) Denotification	20	23	43	1	–	1	44
Number remaining on register at 21.12.62	466	413	879	93	82	175	1,054

MORTALITY—TABLE VI

Comparison of Deaths from Tuberculosis during 1962 with Previous Years

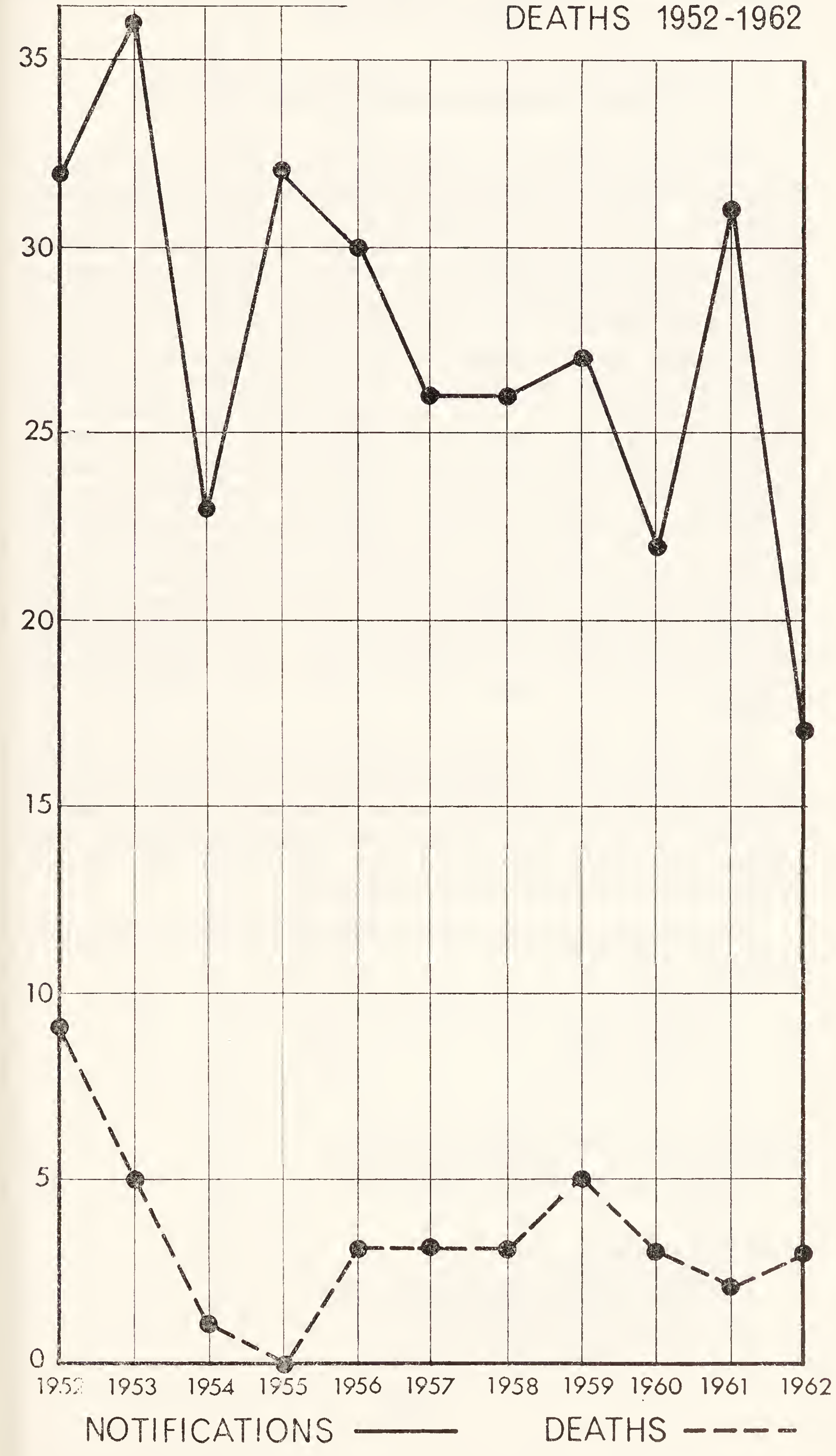
Year	*Population*	*Pulmonary*			*Non-Pulmonary*			*Combined Totals*	*Death Rate per 1,000 Population*
		Male	*Female*	*Total*	*Male*	*Female*	*Total*		
1952	43,870	5	4	9	1	–	1	10	0.23
1953	44,170	5	–	5	–	–	–	5	0.11
1954	45,240	1	–	1	–	1	1	2	0.44
1955	47,190	–	–	–	–	–	–	–	–
1956	50,460	1	2	3	1	–	1	4	0.08
1957	53,500	3	–	3	–	–	–	3	0.05
1958	57,300	2	1	3	–	–	–	3	0.05
1959	60,920	4	1	5	–	–	–	5	0.08
1960	63,960	3	–	3	–	–	–	3	0.05
1961	66,840	1	1	2	–	–	–	2	0.03
1962	68,630	3	–	3	–	–	–	3	0.04

Non-Pulmonary Tuberculosis

Sites of Infection

Site	*Male*	*Female*
Left Groin	–	1
Cervical Glands	1	–

RESPIRATORY TUBERCULOSIS NOTIFICATIONS & DEATHS 1952-1962



SECTION III

PUBLIC HEALTH LABORATORY SERVICE

We have continued to make use of the Ministry of Health's laboratory service at Reading for the examination of public health specimens. This service has generally been satisfactory and the Director has been very helpful in the case of any special problem. We have however experienced some difficulty as regards the methods of sending the specimens. It has been found that specimens sent by post frequently have not arrived at the laboratory two days later, by which time they are useless. We have tried also sending them by bus and telephoning the laboratory so they can collect from the bus station at Reading. This also has failed for various reasons, for example if specimens have to be transferred to a different bus at Maidenhead Bus Station this has on occasions been overlooked and the laboratory staff have found no specimens on meeting the bus at Reading. At one time we sent a messenger by rail carrying the specimens. This meant rail to Reading and then by bus to the laboratory which was time consuming and very expensive if only one or two specimens were being sent. Sending by car was equally expensive, particularly for one specimen and both the latter methods mean employing staff as messengers. It is a pity that neither the postal or bus services have proved sufficiently reliable for this purpose.

The whole thing is I think that the laboratory is just too far from our district. We lie about midway between the Reading and Watford laboratories and of these two Reading is more accessible. It is doubtful whether the volume of this work even if combined with adjacent authorities would justify the establishment of a branch Public Health Laboratory to serve this area.

The following specimens were examined at Reading Laboratory during the year 1962 :—

Faeces	99
Nasal swabs	8
Throat swabs	4

Authentication of International Certificates

Number of certificates authenticated	965

Staff Examinations

Number of staff medically examined	74

SECTION IV

TABLE VII

Prevalence of Notifiable Diseases

Showing cases notified during 1962, numbers admitted to hospitals and deaths. Also notifications for 1952-1961.

Disease	*Cases Notified 1962*	*Cases Admitted to Hospital*	*Deaths*	*Notifications*									
				1961	1960	1959	1958	1957	1956	1955	1954	1953	1952
Dysentery	10	–	–	12	4	3	5	6	10	14	8	3	–
Encephalitis (Infective)	1	–	–	1	–	–	2	3	1	–	–	–	–
Erysipelas	1	–	–	2	4	3	1	5	4	2	4	4	1
Food Poisoning ...	–	–	–	2	4	6	6	9	14	6	1	5	1
Measles	172	4	–	1,352	27	1,003	126	663	71	711	29	670	422
Meningococcal Infection	2	2	1	1	1	–	–	3	–	2	1	1	2
Ophthalmia Neonatorum	–	–	–	1	7	4	2	–	1	–	–	–	1
Paratyphoid	–	–	–	–	–	–	2	3	–	1	1	–	–
Pneumonia	14	4	34	9	4	27	22	19	19	26	33	51	16
Puerperal Pyrexia ...	47	47	–	53	79	68	80	92	77	57	42	37	62
Scarlet Fever	5	–	–	17	84	102	44	39	18	28	39	153	78
Tuberculosis													
(Pulmonary)	17	5	3	31	22	27	26	26	30	32	23	36	32
(Non-Pulmonary ...	2	–	–	9	11	3	7	6	7	6	5	4	10
Whooping Cough ...	27	–	–	16	30	8	32	96	53	43	32	72	22

TABLE VIII

Analysis of Notifiable Diseases in Age Groups

Disease	*Ages in Years of Cases Notified*												
	Under 1 year	1–2	2–3	3–4	4–5	5–10	10–15	15–25	25–35	35–45	45–65	*Over* 65	*Age Unknown*
Dysentery	3	–	1	–	–	1	–	3	1	–	–	–	1
Encephalitis (Infective)	–	–	–	–	–	–	–	–	–	1	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	–	1	–	–
Measles	–	11	39	19	22	73	4	4	–	–	–	–	–
Meningococcal Infection	1	–	–	–	–	–	–	–	1	–	–	–	–
Pneumonia	1	–	–	–	–	–	–	1	–	–	3	9	–
Puerperal Pyrexia ...	–	–	–	–	–	–	–	22	21	4	–	–	–
Scarlet Fever	–	–	–	–	–	4	1	–	–	–	–	–	–
Whooping Cough... ...	2	–	10	–	1	13	1	–	–	–	–	–	–

N.B.—Tuberculosis is shown in a separate table.

TABLE IX

Showing Monthly Incidence of Notifiable Diseases

Disease	*Jan.*	*Feb.*	*Mar.*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Dysentery	–	–	–	–	2	2	2	1	–	3	–	–
Encephalitis (Infective)	–	–	–	–	–	–	–	–	1	–	–	–
Erysipelas	–	–	–	–	–	–	–	1	–	–	–	–
Measles...	–	–	1	1	2	1	7	5	7	28	48	72
Meningococcal Infection	–	1	–	–	–	–	–	–	1	–	–	–
Pneumonia	1	3	3	1	–	–	–	1	1	1	1	2
Puerperal Pyrexia ...	–	2	3	3	5	6	5	4	6	2	5	6
Scarlet Fever	–	1	–	–	1	–	2	–	–	–	–	1
Whooping Cough ...	2	3	1	10	6	2	1	1	1	–	–	–
Tuberculosis (Pulmonary)	2	3	–	–	–	2	1	4	1	1	2	1
Tuberculosis (Non-Pulmonary) ...	–	–	–	–	–	–	–	1	–	1	–	–

TABLE X

Showing Cases of Notifiable Diseases occurring in each Parish

Disease	*Burnham*	*Datchet*	*Denham*	*Dorney*	*Farnham Royal*	*Fulmer*	*Gerarrds Cross*	*Hedgerley*	*Horton*	*Iver*	*Stoke Poges*	*Taplow*	*Wexham*	*Wraysbury*
Dysentery	2	–	–	–	–	–	–	–	–	1	–	6	1	–
Encephalitis (Infective) ...	–	–	–	–	–	–	–	–	–	1	–	–	–	–
Erysipelas	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	35	2	2	2	30	1	47	18	–	–	29	3	–	–
Meningococcal Infection ...	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Pneumonia ...	1	–	1	–	–	–	1	–	–	10	–	–	1	–
Puerperal Pyrexia	–	–	–	–	23	–	–	–	–	–	–	24	–	–
Scarlet Fever ...	–	–	1	–	–	–	–	–	–	2	–	–	2	–
Whooping Cough	24	2	–	–	–	–	–	–	–	–	–	–	1	–
Tuberculosis (Pulmonary) ...	5	2	–	–	–	–	2	–	–	1	1	1	2	1
Tuberculosis (Non-Pulmonary)	–	1	–	–	–	–	–	1	–	–	–	–	–	–

VACCINATION AND IMMUNISATION

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	15+	*Total*
Primary Diphtheria	–	26	8	3	4	8	22	2	1	–	–	–	–	–	–	1	–	75
,, Diphtheria/Whooping Cough	7	21	3	1	1	3	1	–	–	–	–	2	–	–	–	–	–	39
,, Diphtheria/Tetanus	2	15	2	2	2	–	1	–	–	–	–	–	–	–	–	–	–	24
,, Triple	160	447	35	8	2	5	3	3	2	2	1	1	–	–	1	–	–	670
Re-Immunisation	–	8	10	7	5	476	492	33	18	5	305	142	3	2	–	–	–	1506
Primary Whooping Cough ...	2	17	3	8	–	–	–	–	1	–	–	–	–	–	–	–	–	25
Tetanus	1	28	128	41	25	28	18	16	15	13	7	14	5	3	8	5	51	404
	172	562	189	64	39	520	537	54	35	20	313	159	8	5	9	6	51	2743

SMALLPOX

	Under 1	(1)	2—4	5—14	15+	*Total*
Vaccination	1,172	228	568	1,967	1,626	5,561
Re-Vaccination ...	—	—	258	2,120	4,695	7,073
	1,172	228	826	4,087	6,321	12,634

SECTION V

WATER

The following details have been supplied by the Water Undertakings :

The Burnham, Dorney and Hitcham Waterworks Co. Ltd.

Mains Laid—

Norlands, Dropmore Road, Burnham ..	223 yds. of 3-in.
New School, Gore Road, Burnham ..	89 yds. of 4-in.
Old Rectory Site, Farnham Royal	220 yds. of 4-in.

An ample supply of water has been maintained throughout the year.

The treatment consists of super-chlorination to 0.5 ppm. for 30 minutes and de-chlorination automatically controlled to leave a residual of 0.15 ppm.

If the final chlorination residual exceeds 0.4 ppm. or falls to 0.02 ppm. the whole station automatically closes down.

BACTERIOLOGICAL AND CHEMICAL ANALYSIS OF WATER

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance :
Colour : Nil.
pH : 7.2.
Electric Conductivity : 580.
Chlorine present as Chloride : 27
Hardness : Total : 310.
Nitrate Nitrogen : 5.6.
Ammoniacal Nitrogen*0.000.
Albuminoid Nitrogen*0.000.
Metals : Iron, Zinc, Copper and Lead : Absent.

Clear and bright.
Turbidity : Nil.
Odour : Nil.
Free Carbon Dioxide 30.
Dissolved Solids dried at 180°C 385.
Carbonate : 245. Non-carbonate 65.
Nitrite Nitrogen : absent.
Oxygen Absorbed : 0.20.
Residual Chlorine : 0.03.
Alkalinity as Calcium Carbonate. 245.

*to convert to Ammonia multiply by 1.21.

BACTERIOLOGICAL RESULTS

	1 day at 37°C.	*2 days at* 37°C.	*3 days at* 20°-22°C.
Number of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.
	Present in	*Absent from*	*Probable Number*
Presumptive Coliform reaction	– ml.	100 ml.	0 per 100 ml
Bact. coli (Type I)	– ml.	100 ml.	0 per 100 ml
Cl. welchii reaction	– ml.	100 ml.	

This sample is clear and bright in appearance, neutral in reaction and free from metals. The water is very hard in character but its hardness and its content of mineral and saline constituents in solution are not excessive. It conforms to the highest standard of organic quality and bacterial purity.

These are satisfying results indicating a pure and wholesome water suitable for public supply purposes.

CHEMICAL RESULTS IN PARTS PER MILLION

RAW SAMPLE

Appearance :
Colour : Nil.
pH : 7.2.
Electric Conductivity : 590.
Chlorine present as Chloride : 28.
Hardness : Total : 310.
Nitrate Nitrogen : 5.3.
Ammoniacal Nitrogen* 0.000.
Albuminoid Nitrogen* 0.000.
Metals : Iron, Zinc, Copper and Lead : Absent.

Clear and bright.
Turbidity : Nil.
Odour : Nil.
Free Carbon Dioxide : 30.
Alkalinity as Calcium Carbonate : 245.
Dissolved solids dried at 180°C.: 395.
Carbonate : 245.
Non-Carbonate : 65.
Nitrite Nitrogen : Less than 0.01.
Oxygen Absorbed: 0.20.
Residual Chlorine : —.

* to convert to Ammonia multiply by 1.21.

BACTERIOLOGICAL RESULTS

	1 day at 37°C.	*2 days at* 37°C.	*3 days at* 20°–22°C.
Number of Colonies developing on Agar	30 per ml.	42 per ml.	22 per ml.
	Present in	*Absent from*	*Probable number*
Presumptive Coliform reaction	– ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	– ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction. ..	– ml.	100 ml.	

This sample is clear and bright in appearance, neutral in reaction and free from metals. The water is very hard in character but its hardness and its content of mineral and saline constituents in solution are not excessive. It conforms to the highest standard of organic quality and is of satisfactory bacterial purity.

These are satisfactory results indicating a pure and wholesome water suitable for public supply purposes.

Borough of Slough

Mains Laid—

Stoke Court, Stoke Poges	13 yds. of 3-in. 6 yds. of 4-in.
Holmlea Road, Datchet	17 yds. of 3-in.
Stoke Court, Stoke Poges	366 yds. of 3-in. 320 yds. of 4-in.
Holmlea Road, Datchet	144 yds. of 3-in. 116 yds. of 4-in.

An additional 220 yds. of 4-in. and 97 yds. of 6-in. main were re-laid in connection with road improvement schemes.

The only treatment carried out at the Pumping Station is the addition of chlorine as a precautionary measure and all water supplied to the Rural District in 1962 has been of the highest quality.

An analysis of the water is given below. The analysis is, in fact, for water which has been chlorinated because this dosing is carried out directly into the wells. In all other respects, however, the analysis represents the raw water.

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance :	Clear and bright.
Colour : Nil.	Turbidity : Nil.
pH. : 7.1.	Odour : Nil.
Electric Conductivity : 680.	Free Carbon Dioxide : 30.
Chlorine present as Chloride : 39.	Dissolved Solids dried at 180°C. : 470.
Hardness : Total : 350.	Carbonate : 230.
Alkalinity as Calcium. Carbonate : 230.	Non-carbonate : 120.
Nitrate Nitrogen : 2.9.	Nitrite Nitrogen : Absent.
Ammoniacal Nitrogen* 0.030.	Oxygen Absorbed : 0.20.
Albuminoid Nitrogen* 0.000.	Residual Chlorine : 0.07.
Metals : Iron, Zinc, Copper and Lead : Absent.	
Fluoride (F) : —.	Silica :

* to convert to ammonia multiply by 1.21.

BACTERIOLOGICAL RESULTS

	1 day at 37°C.	*2 days at* 37°C.	*3 days at* 20–22°C.
Number of Colonies developing on Agar per ml.	0	0	0
	Present in	*Absent from*	*Probable number*
Presumptive Coliform reaction	– ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	– ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	– ml.	100 ml.	

This sample is clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is very hard in character but not excessively so and it contains no excess of mineral constituents. It is of the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

Rickmansworth and Uxbridge Valley Water Company

Mains Laid—

Moreland Drive, Gerrards Cross	370 yds.	of 4-in.
	41 yds.	of 2-in.
Slough Road, Iver	234 yds.	of 4-in.
Windsor Road, Hedgerley	500 yds.	of 6-in.
Denham to Iver	3303 yds.	of 27-in.
	1199 yds.	of 36-in.
Off Cherry Tree Lane, Fulmer	59 yds.	of 2-in.
	160 yds.	of 4-in.
Dukes Kiln Lane, Gerrards Cross	42 yds.	of 4-in.

BACTERIOLOGICAL EXAMINATION OF A SAMPLE OF WATER

Colonies per ml. 2 days 37°C.	1
Colonies per ml. 3 days 20°C.	0
Coli-aerogenes, probable number per 100 ml.	0
E. Coli I. probable number per 100 ml.	0

CHEMICAL EXAMINATION OF A SAMPLE OF WATER

Colour : Nil. (Hazen).
Turbidity : ($Si0_2$) Nil. ppm.
Odour : Nil.
Taste : Normal.
pH : 7.5.
Electrical Conductivity :
(20°C.) 540.
Total Solids: (180°C.) 365 ppm.
Nitrate (N) : 3.2 ppm.
Nitrite (N) : .006 ppm.
Ammonia (N) : .006 ppm.
Albuminoid Nitrogen (N) : .004 ppm.

Chloride (Cl)	19 ppm.
Alkalinity (CaC03)	260 ppm.
Hardness (CaC03)	
Carbonate	260 ppm.
Non-carbonate	20 ppm.
Total	280 ppm.
Residual Chlorine ($C1_2$)	.08 ppm.
Copper :	.02 ppm.
Iron :	Nil ppm.
Zinc :	.1 ppm.

This water is moderately hard in character but contains no excess of mineral or saline constituents in solution. It conforms to the highest standards of bacterial and organic purity.

BACTERIOLOGICAL SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES

(1) *Name of Swimming Pool or Bathing Place*	(2) *Controlled by*	(3) *Date*	(4) *Result*	(5) *Remarks*
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	9.1.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	14.2.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	14.2.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	22.2.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	10.5.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	17.5.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	17.5.62	Satisfactory	
Duffield House, Stoke Poges (Inlet)	Privately owned	13.6.62	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	13.6.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	13.6.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	13.6.62	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	21.6.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	21.6.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	21.6.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	28.6.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	28.6.62	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	5.7.62	Satisfactory	
Burnham Beeches (Main Pool) (Outlet)	Privately owned	5.7.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	12.7.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	12.7.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	12.7.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	12.7.62	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	12.7.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	19.7.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	19.7.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	19.7.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	24.7.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	24.7.62	Satisfactory	

BACTERIOLOGICAL SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES–*cont.*

(1)	(2)	(3)	(4)	(5)
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	3.8.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	3.8.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	22.8.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	22.8.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	22.8.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	22.8.62	Unsatisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	22.8.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	30.8.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	30.8.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	30.8.62	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	30.8.62	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	6.9.62	Satisfactory	
Burnham Beeches (Kiddies Pool) Inlet)	Privately owned	6.9.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	6.9.62	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	12.9.62	Satisfactory	
Burnham Beeches (Main Pool) (Outlet)	Privately owned	13.9.62	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	13.9.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	20.9.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	20.9.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	27.9.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	1.11.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	22.11.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	22.11.62	Unsatisfactory	Broken diaphram in pumping apparatus.
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	29.11.62	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	29.11.62	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	13.12.62	Satisfactory	

Byelaws made under Section 233 of the Public Health Act, 1936, with respect to Swimming Baths and Bathing Places were confirmed by the Minister of Housing and Local Government and came into force on the 1st August, 1962, ensuring better control over the purity of the water in Swimming Baths and Bathing Places.

Swimming Pool

There is one public swimming bath in the district and this comprises both adults' and children's pools. The water is supplied initially by the local statutory water undertaking and the method of treatment at the pool is by continuous filtration, aeration and chlorination. Throughout the summer the Department took samples for analysis from both pools.

On the two occasions that the Kiddies Pool samples were unsatisfactory investigation revealed overloading of the chlorination apparatus due to the number of children using the pool.

Therapeutic Pools

One unsatisfactory sample report was received from one of the pools but a further check sample proved to be satisfactory.

Investigation following the other unsatisfactory sample revealed that a diaphragm was broken in the chlorination pumping apparatus. This was repaired and subsequent samples taken were satisfactory.

BACTERIOLOGICAL SAMPLES COLLECTED FROM WATER UNDERTAKINGS

(1) *Parish*	(2) *Water Undertaking*	(3) *Date*	(4) *Result*	(5) *Remarks*
Wexham	Slough Borough Water Department	18.1.62	Satisfactory	
Iver	Rickmansworth & Uxbridge Valley Water Co.	18.1.62	Satisfactory	
Burnham	Burnham, Dorney & Hitcham Water Co.	8.3.62	Satisfactory	
Dorney	Burnham, Dorney & Hitcham Water Co.	28.3.62	Satisfactory	
Stoke Poges	Slough Borough Water Department	10.5.62	Satisfactory	
Stoke Poges	Slough Borough Water Department	10.5.62	Satisfactory	
Datchet	Slough Borough Water Department	24.5.62	Satisfactory	
Farnham Royal	Burnham, Dorney & Hitcham Water Co.	24.5.62	Satisfactory	
Stoke Poges	Slough Borough Water Department	24.5.62	Satisfactory	
Fulmer	Rickmansworth & Uxbridge Valley Water Co.	24.5.62	Satisfactory	
Wexham	Slough Borough Water Department	5.6.62	Satisfactory	
Wexham	Slough Borough Water Department	5.6.62	Satisfactory	
Gerrards Cross	Rickmansworth & Uxbridge Valley Water Co.	3.7.62	Satisfactory	
Dorney	Burnham, Dorney & Hitcham Water Co.	24.7.62	Satisfactory	
Datchet	Slough Borough Water Department	30.8.62	Satisfactory	
Datchet	Slough Borough Water Department	30.8.62	Satisfactory	
Datchet	Slough Borough Water Department	6.9.62	Satisfactory	
Datchet	Slough Borough Water Department	6.9.62	Satisfactory	
Datchet	Slough Borough Water Department	6.9.62	Satisfactory	
Farnham Royal	Burnham, Dorney & Hitcham Water Co.	11.10.62	Satisfactory	
Hedgerley	Rickmansworth & Uxbridge Valley Water Co.	11.10.62	Satisfactory	
Stoke Poges	Slough Borough Water Department	8.11.62	Satisfactory	
Gerrards Cross	Rickmansworth & Uxbridge Valley Water Co.	8.11.62	Satisfactory	
Iver	Rickmansworth & Uxbridge Valley Water Co.	29.11.62	Satisfactory	

Total number examined = 24.

WATER SUPPLIES USED FOR DRINKING AND DOMESTIC PURPOSES

Samples Taken Other Than From Mains

Type of Sample Taken	*Unsatisfactory*	*Satisfactory*	*Doubtful*	*Total*
Bacteriological	21	110	6	137
Chemical	23	76	—	99

(a) Apart from a comparatively small number of shallow wells, principally in the Parish of Wraysbury, supplying drinking and domestic needs to dwellinghouses and which either on bacteriological or chemical examination or both have been found unsatisfactory, the water supply of the area generally and of its several parts has been satisfactory in quality and quantity.

(b) The data set out in this Report in relation to piped water supply, i.e. mains supply, indicates the scale of routine sampling for bacteriological examination carried out of water going into supply. Reports on the analyses of raw and treated water are included.

(c) The results of analyses of mains water supply do not indicate any liability to have plumbo-solvent action.

(d) Contamination of mains supply did not arise consequently no action was found necessary. However in the case of domestic supplies from shallow wells where examination revealed contamination the first step taken was to advise dwellinghouse occupants of the necessity of boiling water before use for drinking. Secondly, the taking of check samples and if still unsatisfactory an approach to the owner of the property involved was made suggesting, depending upon circumstances, means of removing the sources of contamination or alternatively deepening the well or bore. In instances where a pocket of development relies on well supplies for drinking and domestic use and where it was found that the majority of shallow wells involved were contaminated an extension of mains supply was arranged.

(e) The following table sets out the approximate number of dwellinghouses and the estimated population, broken down into parishes, supplied from public mains direct to houses and the number on wells supplies. So far as is known there are no dwellinghouses supplied from communal water standpipes.

Parish	(a) *No. of dwelling-houses in each parish* 1961	(b) *Approx. No. of dwelling-houses on private well*	(c) *Dwelling-houses on Public Mains*	(d) *Estimated population served by dwelling-houses in column* (*c*)
Burnham	4156	–	4156	15,700
Datchet	1226	8	1218	4,440
Denham	2046	–	2046	7,400
Dorney	275	–	275	800
Farnham Royal ...	1292	–	1292	3,750
Fulmer...	234	6	228	600
Gerrards Cross ...	1677	3	1674	6,130
Hedgerley	282	1	281	750
Horton and Wraysbury ...	1459	150	1309	4,450
Iver	3018	–	3018	11,550
Stoke Poges ...	1170	–	1170	4,250
Taplow	580	21	559	1,860
Wexham	1630	–	1630	6,950

SECTION VI

GENERAL SANITATION

(a) **Sewer Construction in progress during the year.**

(1) *Farnham Royal Main Drainage.*
All the sewers laid in this contract are now in use.

(2) *Crown Lane Main Drainage.*
This Contract has been completed and the sewers are in use. Approximately 1 mile of sewers and a pumping station were constructed.

(3) *Gerrards Cross Relief Sewers.*
This Contract involves the laying of approximately 2½ miles of relief sewers in the Amersham Road and French Horn areas of Gerrards Cross. About 80% of the sewers have been laid but none are yet in use.

(4) *Wood Lane, Iver Heath.*
This Contract has been completed and involved the laying of approximately 300 yards of sewer.

(b) **Schemes proposed to start in 1963.**

(1) *Burnham, Taplow and Dorney Main Drainage.*
Proposals for the sewering of part of Burnham Parish and of Taplow and Dorney Parishes have been approved by the Ministry. The first stage of this scheme is expected to commence by July or August and includes the majority of Taplow and part of Burnham.

(2) *Reconstruction of Burnham Sewage Disposal Works.*
Proposals for the reconstruction of Burnham Sewage Disposal Works have been approved by the Ministry and work is expected to commence by July or August.

(3) *Wraysbury and Horton Main Drainage.*
The first stage of this scheme has been approved by the Ministry and work is expected to start in February.

(4) *Linkswood Road, Burnham.*
Proposals for the sewering of Linkswood Road, Burnham, have been approved by the Ministry and work is expected to commence in May or June.

(5) *Stoke Poges and Wexham Main Drainage, Stages 3 and 4.*
Hockley Hole and West End Lane.
Proposals for these two schemes have been approved by the Ministry and work is expected to commence in May or June.

(c) **Number of premises converted from conservancy to main drainage.**
412.

(d) **Number of—**

(1) New Council housing units completed
88.

(2) Others
352.

SECTION VII

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Centre	*Location*	*Sessions*	*Sessions with Medical Officer*
Burnham	Village Hall, Gore Road	Each Wednesday	1st & 3rd Wednesday
Burnham (Lent Rise)	Methodist Hall, Lent Rise	2nd & 4th Thursday	2nd & 4th Thursday
Burnham (Britwell)	Health Centre, Wentworth Avenue, Britwell Estate	Each Friday	Each Friday
Colnbrook	Assembly Rms., Colnbrook	2nd & 4th Tuesday	4th Tuesday
Datchet	Community Hall, Datchet	2nd & 4th Wednesday	2nd & 4th Wednesday
Denham	Health Centre, Oxford Road	Each Wednesday	1st, 2nd & 4th Wednesday
Dorney	Village Hall, Dorney	1st & 3rd Tuesday	1st Tuesday
Farnham Common	Village Hall, Victoria Road	2nd & 4th Monday	4th Monday
Gerrards Cross	British Legion Hall	1st & 3rd Friday	3rd Friday
Horton	Champney Hall	1st & 3rd Wednesday	1st Wednesday
Iver	Church Institute Thorney Lane	1st & 3rd Wednesday	3rd Wednesday
Iver	St. Leonards Church Hall, Richings Park	2nd & 4th Monday	2nd Monday
Iver Heath	Village Hall	2nd & 4th Wednesday	4th Wednesday
Stoke Poges	Village Hall	2nd & 4th Tuesday	2nd & 4th Tuesday
Wraysbury	Village Hall	2nd & 4th Thursday	2nd Thursday
Wexham	Health Centre, Knolton Way, Wexham Court Estate	Every Friday	Every Friday

CLINICS

Tuberculosis

The Chest Clinic is at Upton Hospital, Slough, where appointments may be made with the Physician in Charge.

Venereal Diseases

King Edward VII Hospital, Windsor.
Hillingdon Hospital, Hillingdon.
Royal Berkshire Hospital, Reading.

Family Planning Clinics

Slough	Upton Hospital, Slough.	
	Mondays	6 p.m.—7.30 p.m.
	Tuesdays	6 p.m.—7.30 p.m.
	Wednesdays	11 a.m.–12.30 p.m.
Slough	Health Centre, Burlington Road, Slough.	
	Fridays	2.15 p.m.—4 p.m.
High Wycombe	Health Centre, The Rye, High Wycombe.	
	Tuesdays	2 p.m.

Ante and Post Natal Clinics

King Edward VII Hospital, Windsor	Ante-Natal	Monday mornings
King Edward VII Hospital, Old Windsor Unit	Ante- and Post-Natal	Wednesday and Friday mornings
Canadian Red Cross Memorial Hospital, Taplow	Ante-Natal	Every Thursday morning
Colinswood Maternity Home, Farnham Common	Ante- and Post-Natal	Every 3rd Monday morning and every Wednesday morning
Upton Hospital, Slough	Ante- and Post-Natal	Monday morning and afternoon and Thursday and Friday afternoon (Ante-Natal) Monday afternoon and Friday afternoon (Post-Natal)

Registered Nursing Homes

Location and further particulars of registered nursing homes in the Eton Rural District may be obtained from the Medical Officer of Health.

HOSPITALS

The area is served by the following hospitals :—

General Hospitals

The Canadian Red Cross Memorial Hospital, Taplow, Nr. Maidenhead.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Crimp Hill Road, Old Windsor.
Upton Hospital, Slough.
Maidenhead General Hospital, Maidenhead.

Infectious Diseases Hospitals

Maidenhead Isolation Hospital, Maidenhead.
St. John's Hospital, Uxbridge.

Chronic Sick

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Crimp Hill Road, Old Windsor.

Part III Accommodation

Upton Hospital, Slough.
Old Windsor Hospital, Old Windsor.

Maternity Accommodation

Canadian Red Cross Memorial Hospital, Taplow.
Colinswood Maternity Home, Farnham Common.
Old Windsor Hospital, Old Windsor.
Princess Christian Nursing Home, Clarence Road, Windsor.
Upton Hospital, Slough.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR
for the Year 1962

Mr. Chairman, Ladies and Gentlemen,

Again I have the pleasure of presenting my contribution to the Annual Report. This report is based largely upon data and information submitted in reports, particularly quarterly reports, to the Council's Public Health and Cleansing Committee.

Dr. Hobbin, in his introductory remarks, has commented adequately on many of the matters which directly or indirectly affect the Department's work consequently there is no need to expand further on these matters. Suffice it to say that the Department again worked harmoniously as a team supported by the interest and understanding of Members of the Committee.

In reports of previous years I have made reference to the importance of routine visits and inspections. Unless these are maintained standards tend to become lowered. In 1962, as the figures show, they were satisfactorily maintained with particular attention to food premises, restaurants, canteens etc. Despite this attention there was an increase in the number of complaints relating to unfit and alien matter in food. Although a considerable amount of investigation work was involved nevertheless it is gratifying to know that increasingly the public are becoming more critical of deficiencies or laxity in food standards and food hygiene.

Another aspect of the Department's work which calls for comment is that relating to the tipping of refuse. Much officer time was spent on dealing with complaints and the majority were justified. Operators must appreciate that the large volume and the content of industrial and household refuse they are bringing into the Council's district, mostly from London, can, if tipped haphazardly, create serious nuisances almost overnight. These should not happen and although conditions attached to tipping consents granted by the Council are stringent the Department's Inspectors have not the time to visit daily. Operators must appreciate their responsibilities and ensure that there is proper and adequate supervision of tipping by their staff.

Finally, I would like to express my thanks to colleague chief officers, particularly the Medical Officer of Health, for their continued co-operation and support. To the staff—thank you for another year's loyal service.

I am,
Your Obedient Servant,
A. H. V. Marsden,
Chief Public Health Inspector.

SECTION VIII

INSPECTION AND SUPERVISION OF FOOD

Ice Cream

3 new applications were received for the storage and sale of ice cream making a total of 154 on the Register.

69 samples of ice cream and 28 of iced lollies were submitted for examination with the under-mentioned results :—

Ice Cream

Grade I	64
Grade II	4
Grade III	1
Grade IV	–

Enquiries in regard to the Grade III sample led one to think that the ice cream was delivered from the manufacturers in good condition and that the trouble emanated from the retailer's end. Advice was given re-cleansing and sterilisation of the ice cream servers. It was perhaps significant that further samples taken were placed in Category Grade I.

Iced Lollies

Satisfactory	26
Unsatisfactory	–
Doubtful	2

7 samples of cooked meat were sent for bacteriological examination.
The reports were as follows :—

Tongue Roll—Impress culture on fresh blood agar. Moderate growth, little semi-confluent. No Salmonellae detected.

Ham Sausage—Impress culture on fresh blood agar. Semi-confluent growth throughout. No Salmonellae detected.

Creme-de-foie—Impress culture on fresh blood agar. Scanty mixed growth. No Salmonellae detected.

Beerwurst Cooked Meat—Impress culture on fresh blood agar. Semi-confluent over $\frac{1}{8}$ area. No Salmonellae detected.

Rippenspeer Cooked Meat—Impress culture on fresh blood agar. Moderate growth. No Salmonellae detected.

Corned Beef and Pork Luncheon Meat—No Shigella sonnei detected. These two samples were taken in connection with an outbreak of sonne dysentery.

In the absence of any accepted bacteriological standard for cooked meats it was felt that these results were reasonably satisfactory and no further action was taken.

MEAT AND OTHER FOODS

(a) **Meat**

	Cattle except Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*
Number killed	6	Nil	Nil	8	Nil	Nil
Number inspected	6	Nil	Nil	8	Nil	Nil
All diseases except Tuberculosis and Cysticerci Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ...	Nil	Nil	Nil	2	Nil	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	Nil	Nil	Nil	25%	Nil	Nil
Tuberculosis only Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ...	Nil	Nil	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	Nil	Nil	Nil
Cysticercosis Carcases of which some part or organ was condemned ...	Nil	Nil	Nil	Nil	Nil	Nil

(b) **Other Foods (Surrendered and Condemned)**

2 lbs. Liver
30 lbs. Lamb Carcase Meat (Imported)
6 lbs. Pressed Ham
6 lbs. Ox Tongue
37½ lbs. Pork Luncheon Meat
30 lbs. Corned Beef
1 lb. Mixed Grill
½ lb. Frankfurters
1 lb. Fruit Juice
22 lbs. Tinned Tomatoes
13 bags Prunes (approx. 100 lbs.)
3 tins Unlabelled
2 lbs. Evaporated Milk
2 lbs. Apricot Preserve
1 lb. Strawberries
½ lb. Steak and Kidney Pudding
12 lbs. Canned Chicken
1 lb. Chicken and Veal Pie
7 lbs. Mixed Vegetables
21 lbs. Packet Peas
4½ lbs. Baked Beans
2 lbs. Processed Peas
38½ lbs. Tinned Fruit (Mixed)
2 lbs. Tinned Fruit Salad
32 tins Sauerkraut
2 tins Soup
2 pints (equivalent) Condensed Milk
1 tin Peaches
8 lbs. Saville Orange Marmalade
1½ lbs. Tomato Juice
1 lb. Sugar Corn

SLAUGHTERHOUSES AND KNACKER YARDS, ETC.

Slaughter of Animals Act, 1958

Renewals	6
New Licences	–

Game Licences

Renewals	13

The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

As required by Article 31, the following Annual Return for the year under review was received from the occupier of the knacker's yard operating in the District.

Horses slaughtered	2
Horse carcases received	28

Conditions found were satisfactory on each of the several visits made to the premises.

Slaughterhouse Act, 1958

There is one licensed slaughterhouse only in the district the bulk of the meat being received from London. As required by the Food and Drugs Act 1955, the statutory inspection was carried out and the conditions found were satisfactory. The licence was renewed to the end of the year.

SECTION IX

RODENT INFESTATION AND DESTRUCTION, ETC.

Notifications of Infestations	381
Visits to private premises	1,592
Visits to business premises	88
Visits to Local Authority premises	68
Inspection of agricultural premises	172

DISINFECTIONS AND DISINFESTATIONS

Disinfection of premises in respect of :—

Cowpox	1
T.B.	7

In addition there was one instance where bedding was steam disinfected after a case of non-notifiable disease.

Disinfestations :—

Ants	4
Bees	1
Bugs	7
Earwigs	4
Flies	1

SECTION X

1. INSPECTIONS for Purposes of Provisions as to Health

(Including inspections made by Public Health Inspectors)

	Premises (1)	*Number on Register* (2)	*Number of*		*Occupiers Prosecuted* (5)
			Inspections (3)	*Written Notices* (4)	
(i)	Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities	19	28	–	–
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	151	186	12	–
(iii)	Other premises in which Section 7 is enforced by the Local Authority	9	10	–	–
	Total :	179	224	12	–

2. CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted* (6)
	Found (2)	*Remedied* (3)	*Referred*		
			To H.M. Inspector (4)	*By H.M. Inspector* (5)	
Want of Cleanliness (S.1.)	1	1	–	–	–
Overcrowding (S.2.)	–	–	–	–	–
Unreasonable temperature (S.3.)	–	–	–	–	–
Inadequate ventilation (S.4.)	1	1	–	–	–
Ineffective drainage of floors (S.6.)	–	–	–	–	–
Sanitary conveniences (S.7.)					
(a) Insufficient	1	–	–	1	–
(b) Unsuitable or defective	9	8	–	2	–
(c) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	–	–	–	–	–
	12	10	–	3	–

Outworkers inspections	28
Workplaces inspections	23

SECTION XI

HOUSING

(a) **New Houses**

Houses completed during the year :—

	1962	1961	1956–60
1. By the Council	88*	56*	610*
2. By Private Enterprise ..	352	295	2,208

* Does not include those built by Slough Borough Council and/or London County Council.

(b) **Unfit Houses**

Returns continue to be submitted to the Ministry of Housing and Local Government relating to clearance areas, demolition and closing orders, undertakings and repair of houses under the Housing Acts, 1936 to 1961, Public Health Act, 1936 and the Rent Act, 1957.

The following is a brief summary of those returns :—

Houses demolished as a result of formal action under Housing Act	27
Houses closed in pursuance of Closing Orders and/or Undertakings	1
Parts of buildings closed	–
Houses made fit following formal action under Housing Act or Public Health Act	31
Houses made fit following informal action under Housing Act or Public Health Act	82

Following the established practice, the Unfit Houses Sub-Committee made one tour during which a total of 8 properties were seen.

The appropriate resolution was passed by the Council in respect of a Clearance Area (No. 123) to be dealt with by means of a Compulsory Purchase Order, two houses were involved.

Formal individual action was taken in respect of 8 properties as a result of which 4 Demolition Orders and 1 Closing Order were made and 3 Undertakings were accepted.

(c) **Improvement Grants**

Grants for the conversion or improvement of housing accommodation.

Applications received	(a) for conversion ..	3
	(b) for improvements ..	12
Applications approved	(a) for conversion ..	3
	(b) for improvements ..	16

Standard grants for improvement of dwellings.

Applications received	17
Applications approved	10

SECTION XII

OTHER MATTERS

Petroleum (Regulations) Acts, 1928 and 1936

Licence Applications

Renewals	135
New	6

Total Licence Capacity at 31st December, 1961

Petroleum Spirit	355,495 gallons
Petroleum Mixtures	2,108 gallons

Pet Animals Act, 1951

No applications were received for a licence under this Act.

Rag Flock and Other Filling Materials Act, 1951

One premises registered.

Clean Air Act, 1956

622 visits and observations were made during the year. During the year a second volumetric instrument was installed within the district, this one being at Farnham Common. Readings from this instrument were submitted to Warren Spring Laboratory from 1st November.

Miscellaneous Matters

The following were received for information and observations :

Local Land Charge search enquiries	1,614
Plans and Applications, (Building Byelaws and Town and Country Planning)	2,095

SECTION XIII

VISITS AND INSPECTIONS

(a)	**Public Health Acts**	
	Primary Inspections, Houses	310
	Primary Inspections, Others	192
	Revisits re above	697
	Moveable Dwellings, Sites	459
	Moveable Dwellings, Individuals	951
	Infectious Diseases and Disinfection	251
	Places of Public Entertainment	8
	Schools	45
	Offices	3
	Workplaces	23
	Water Supplies	470
	Swimming Pools	68
	Watercourses and Ditches	413
	Drainage	685
	Sewage and Drainage Disposal	853
	Dirty and Verminous Premises	31
	Insect Infestations	131
	Offensive Accumulations	72
	Keeping of Animals	172
	Fairgrounds	4
	Public Conveniences	29
	Refuse Disposal	351
	Licensed Premises	116
	Houseboats	2
	Cattle Market	9
	Miscellaneous	182
(b)	**Housing Acts**	
	Houses, Primary Inspections	543
	Revisits re above	429
	Overcrowding	30
	Miscellaneous	37
	Houses, Multiple Occupation Inspections	192
	Rent Act	
	Certificates, etc.	6
(c)	**Factories Act**	
	Factories—Motive	186
	Factories—Non-motive	28
	Outworkers Premises	28
	Building Sites	10
(d)	**Food and Drugs Act**	
	Butchers	259
	Fishmongers and Poulterers	74
	Greengrocers and Fruiterers	56

	Grocers	224
	Confectioners, Flour and Sugar	95
	Bakehouses	80
	Licensed Premises	150
	Restaurants and Cafes	239
	Canteens	46
	Street Food Vendors	59
	Milk Premises and Sampling	6
	Ice Cream Premises and Sampling	136
	Knacker's Yard	36
	Slaughterhouses	16
	Food Inspection—Meat	17
	Food Inspection—Other Foods	53
	Retail Bakeries	18
	Cattle Market	3
(e)	**Shops Acts**	
	Inspections	60
	Petroleum Acts	
	Inspections	487
	Rag Flock Act	
	Inspections	1
	Fireguard Act	
	Inspections	1
	Clean Air Act	
	Visits and observations	622
	National Assistance Act	
	Visits	39
	Bucks County Council Act	
	Hairdressers—Visits	35
	Water Abstraction Regulations	
	Visits	24
	Noise Abatement Act	
	Visits	71
	Licensing Act	
	Visits	80

NOTICES SERVED

Formal	
Public Health Acts	52
Informal	368